

(continued from page 4)

future, will follow our route to managed (medical) care. Mr. Editor have you ever thought about buying a bridge across the East river?

The heady days of Socialist experimentation are over and this misbegotten theory will soon join feudalism and autocracy as a fossil social model. The threat of "if we didn't do it ourselves, they will do it to us" is losing its impact since it is based on an incredible servility and an expectation of certain defeat. In case you have not noticed Mr. Editor, there is a tax revolt—cross-border shopping, businesses moving across the line, entrepreneurs departing...although the people of Ontario like "free" medical care and so forth they are demonstrably unwilling or even unable to pay for such benefits. The Americans have been on the very verge of socialized medicine at least since 1956.

Instead of joining the captain's table on Ontario's Titanic, it would be wiser to listen to the radio to avoid the iceberg.

Stanley S. Raphael, MB,  
FRCPC

## Editor's Note:

Mr. Editor sees very little refutation of his comments pertaining to Dr. Mador's letter in the viewpoint expressed above. What he does see, however, is the same tired propagation of ideology, wherein the proponent smugly preaches the superiority of a political system based on his interpretation of selected events. (Marxist scholars certainly have not cornered the market when it comes to believing in historical inevitability.) Mr. Editor has no interest in buying a bridge across the "East river," or for that matter to Dr. Raphael's capitalist utopia. He is under no illusions that a

strictly government-regulated system is any more a panacea for effective health-care delivery than is free-market medicine.

The medical profession's approach to functioning in Ontario is not based on servility but on a clear understanding of political and social realities. Instead of arrogantly attempting to impose a particular set of beliefs on the people of this province (beliefs which are by no means homogeneous either within the profession or in society at large), the majority of physicians in Ontario have chosen to work with the public and its elected government to develop our existing health-care system. If the people of this province decide in their wisdom to modify the approach to the delivery of health care in adapting to increasing pressures, the medical profession will be in a strong and credible position to contribute viable solutions. In the meantime, physicians have access to protections that will go a long way in preventing further erosion of their professional autonomy and freedom.

For the majority of doctors in this province, the Ontario ship is unquestionably preferable to other provincial vessels. To receive the latest reports, Dr. Raphael need only adjust his radio's frequency...

## Environmental hypersensitivity disorders

Dear Sir:

In their attempt to address the subject of environmental hypersensitivity (A Time to Talk, A Time to Listen, March '91 OMR), the authors repeat the most problematic misconceptions without dispelling them. In short, the arti-

cle hits the nail squarely on an already badly bruised thumb.

The authors refer to "environmental hypersensitivity disorder" as a single illness. Along with others, Health and Welfare Canada recognizes that environmental hypersensitivity involves a "compendium of disorders." The Ontario Ministry of Health and Health and Welfare Canada have called for a multidisciplinary approach.

The authors' hypothetical patient equates environmental sensitivities with "allergies." It might have been prudent to point out that sensitivities often are not allergic in nature—in such cases the immune system is not involved.

Not surprisingly, the references listed lead the authors' physician "to try to persuade the patient there is not a scientifically proven condition." Ironically, patient advocates in Ontario do not believe these problems can be caused by one specific disease entity.

In developing their column, the authors failed to consult several important studies that view environmental sensitivities in a considerably differently light. In 1985, the Ontario Ministry of Health funded the Thomson Report on "Environmental Hypersensitivity Disorders." Judge Thomson and his panel of five physicians describe the "professional debate" and list some untenable attitudes interfering with helpful doctor/patient communication. Thomson describes as "clearly untenable" the position that the problems result from emotional illness, and the idea that "all medical treatments are based on sound scientific research."

According to the Ashford-Miller Report (Chemical Sensitivities, A Report to the New Jersey State Department of Health,

December 1989), "environmental exposures can also have psychological sequelae." They go on to say that "these facts are sufficiently compelling to justify the investigation of environmental causes first, before committing patients to potentially detrimental psychiatric interventions," and "certain cognitive behavioural therapies, short-term or focused, may be beneficial, but should not be relied on to the exclusion of evaluating the chemical component."

Both Thomson and Ashford-Miller recommend testing in an ecological control unit, and that OHIP pay part of the costs of going out of the country to attend such clinics. There are also useful diagnostic procedures available, such as a comprehensive oral history or removal/reintroduction testing.

Furthermore, it should be emphasized that the World Health Organization, Health and Welfare Canada, the Canadian Public Health Association, and health ministries in several provinces have recognized environmental sensitivity as a legitimate medical condition.

There is a pattern in the Time to Talk article of reframing the patient's frustration and concern over failure to treat the condition as being, instead, feelings related to a social stigma.

A patient's experience of symptoms after being exposed to substances is redefined as a "belief they have allergies." The annoyance patients feel when confronted by antagonistic attitudes is redefined as frustration concerning the general "lack of scientific knowledge." The concern about telling the patient the problem is not "real" leaves the real problem unmanaged. The patient's concern that the doctor is contradicting her experience is redefined as distress over being

told she has a psychiatric problem.

Persons with sensitivities are not humiliated by a psychiatric diagnosis. In fact, many of us believe a psychiatric diagnosis is often appropriate. That doesn't take away from the fact that when the central nervous system is affected, it's obviously important to avoid the offending substances. Avoidance is equally important when sensitivities result from the permanent physiological effects of psychological trauma.

One consumer concern is lack of professional awareness of diagnostic and treatment protocols with respect to environmental hypersensitivity disorder. However, the greater issue is the impact doctors may have on patients in their management of such conditions. Lack of sensitivity or an antagonistic approach on the part of the professional can cause significant distress for the patient.

The Time to Talk article does allow that sometimes a physical cause can be found, but the conclusion readers are brought to is most patronizing to those suffer-

ing from environmental hypersensitivity disorders:

"All people experience the pain of living; some endure such pain on a daily basis. What is most helpful for these people is to find some meaning in their lives that transcends the pain and to share their experiences with other human beings who care about them. The physician's role may be to listen to the patient's story of pain and to share the experience so deeply that the patient knows he or she has been heard even if the pain cannot be understood or taken away. The fact that someone cares enough to take the time and effort to help may be a powerful benefit in itself."

Aside from confounding constructive doctor/patient communication about sensitivities, it's not hard to understand how this conclusion strikes persons affected. Although the authors may be sincere, their article sustains rather than relieves communication problems.

OMR

*Mr. Chris Brown, president  
Ottawa Branch, The Allergy  
and Environmental Health  
Association*

**From generation to generation**



Lindsay Hilton and War Amps Chief Executive Clifford Chadderton...these two amputees share a special bond. And that bond is part of a long tradition here at The War Amps where the experiences of one generation shape the future of the next.

**The War Amputations of Canada**

National Headquarters  
2827 Riverside Drive  
Ottawa, Ontario K1V 0C4  
(613) 731-3821

Charitable Registration No. 0286831 09

